

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

li t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to tl	he te	rms and conditions of th	e polici	cy, certain p	olicies may	require an endorsement	. As	tatement on	
PRODUCER Harding & Jacob Ins. Agency 6450 Rockside Woods S., #140 Independence, OH 44131 Emery M. Szekely						CONTACT NAME:					
						PHONE (A/C, No, Ext): 440-871-7261 FAX (A/C, No): 440-871-0780					
						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A : CINCINNATI INSURANCE CO.				10677	
INSURED Drellishak & Drellishak dba Pro-Tech Security Sales Kell Systems, Inc. 1313 W. Bagley Rd. Berea, OH 44017						INSURER B:					
						INSURER C:					
Kell Systems, Inc. 1313 W. Bagley Rd.					INSURE	RD:					
Berea, OH 44017						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	ст то	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			EPP 0221149		12/01/2018	12/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	l						GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	EXCLUDED	
Α.	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000	
Α	AUTOMOBILE LIABILITY						12/01/2019	(Ea accident)	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS			EBA 0221149	12/	12/01/2018		BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUR								\$		
	EXCESS LIAB CLAIMS-MADE					·		EACH OCCURRENCE	\$		
	DED RETENTION\$	1						AGGREGATE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ		
								E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	•		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	OH Employers Liab			EPP 0221149		12/01/2018	12/01/2019	Each		1,000,000	
	Defense Expenses							Aggregate		1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Scheduk	e, may bo	e attached if more	e space is require	ed)			
CERTIFICATE HOLDER						CANCELLATION					
				LEX-FAY	,						
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
200 E MAIN ST LEXINGTON, KY 40507-1310						AUTHORIZED REPRESENTATIVE					